



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Kathy Fatica						
Street Address	4623 Southern Dr						
City	Cree	State	PA	Zip Code	16506		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	11/07/2017		Year			Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2017 DEC -5 PM 12:45 ERIE COUNTY VOTER REGISTRATION TH
A. Amount Brought Forward From Last Report	10/23/17	11/27/17	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	7348.81	
C. Total Funds Available (Sum of Lines A and B)	\$	1250.00	
D. Total Expenditures (From Schedule III)	\$	8598.81	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3949.40	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	4649.41	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedule, is true to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

1 day of December 2017
Linda S. McCabe
SignatureMy Commission expires 4 24 21
MO. DAY YR.

Signature of Person Submitting report

Printed Name

(814)

Area Code

969 5522

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

4 day of December 2017
Linda S. McCabe
SignatureMy Commission expires 4 24 21
MO. DAY YR.

Signature of Candidate

Printed Name

814

Area Code

881-7370

Daytime Telephone Number

Notary Seal
Linda S. McCabe, Notary Public
Erie County
My Commission Expires April 24, 2021
Commission Number 1275541

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	<i>CT Elect Kathy Fatica</i>		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	<i>250.00</i>
All Other Contributions (Part B)		\$	<i>0</i>
Total for the reporting period		(2)	\$ <i>250.00</i>
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	<i>1000.00</i>
All Other Contributions (Part D)		\$	<i>0</i>
Total for the reporting period		(3)	\$ <i>1000.00</i>
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ <i>0</i>
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	<i>0</i>

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number: CTE Kathy Fatica									
Full Name of Contributing Committee		Carpenters Legislative Program of Greater PA				Date [MM/DD/YYYY]	\$	#	
						11/19/17			500.00
House #	650	Street Address		Bridge Road #200		Date [MM/DD/YYYY]	\$		
City	Pittsburgh	State	PA	Zip Code	15205	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee		AFSCME Council 13 PAC				Date [MM/DD/YYYY]	\$	#	
						11/19/17			500.00
House #	4031	Street Address		Executive Paul D.		Date [MM/DD/YYYY]	\$		
City	Harrisburg	State	PA	Zip Code	17111	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		

\$1000.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate CTE Kathy Fatica	Reporting Period From 10/23/17 To 11/27/17
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To Whom Paid McCartey Printing	MO. 11	DAY 11	YEAR 17	Amount \$ 2211.16
Mailing Address 246 E 75th		Description of Expenditure mailing & campaign		
City Cire PA	State PA	Zip Code (Plus 4) 16506		Printing
<hr/>				
To Whom Paid Kathleen Fatica	MO. 11	DAY 11	YEAR 17	Amount \$ 1500.00
Mailing Address 4623 Southern		Description of Expenditure repayment of loan		
City Cire	State PA	Zip Code (Plus 4) 16506		
<hr/>				
To Whom Paid US Postal Service	MO. 11	DAY 27	YEAR 17	Amount \$ 33.20
Mailing Address 2711 Legion Rd.		Description of Expenditure postage for response & thank you notes		
City Cire	State PA	Zip Code (Plus 4) 16506		
<hr/>				
To Whom Paid Bingside Restaurant	MO. 11	DAY 07	YEAR 17	Amount \$ 205.04
Mailing Address 3202 Sterrettman		Description of Expenditure election night event		
City Cire	State PA	Zip Code (Plus 4) 16506		
<hr/>				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
State				
Zip Code (Plus 4)				
<hr/>				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
State				
Zip Code (Plus 4)				
<hr/>				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
State				
Zip Code (Plus 4)				
<hr/>				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
State				
Zip Code (Plus 4)				
<hr/>				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 3949.40

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$			
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name				Occupation					
Employer Mailing Address / Principal Place of Business				Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]		\$			
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name				Occupation					
Employer Mailing Address / Principal Place of Business				Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]		\$			
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name				Occupation					
Employer Mailing Address / Principal Place of Business				Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]		\$			
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name				Occupation					
Employer Mailing Address / Principal Place of Business				Description of Contribution					

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number: 									
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution								

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						